



## Wyoming Department of Health

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# Wyoming

## Breast and Cervical Cancer Screening Program



## Participating Healthcare Provider Manual



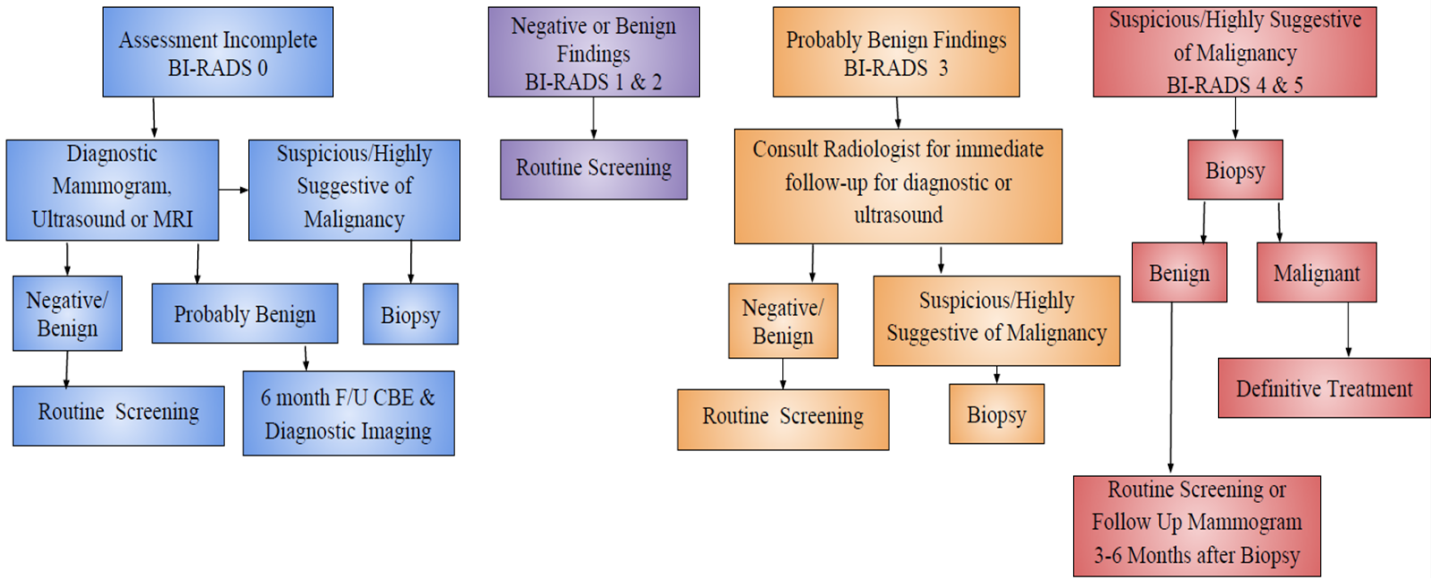
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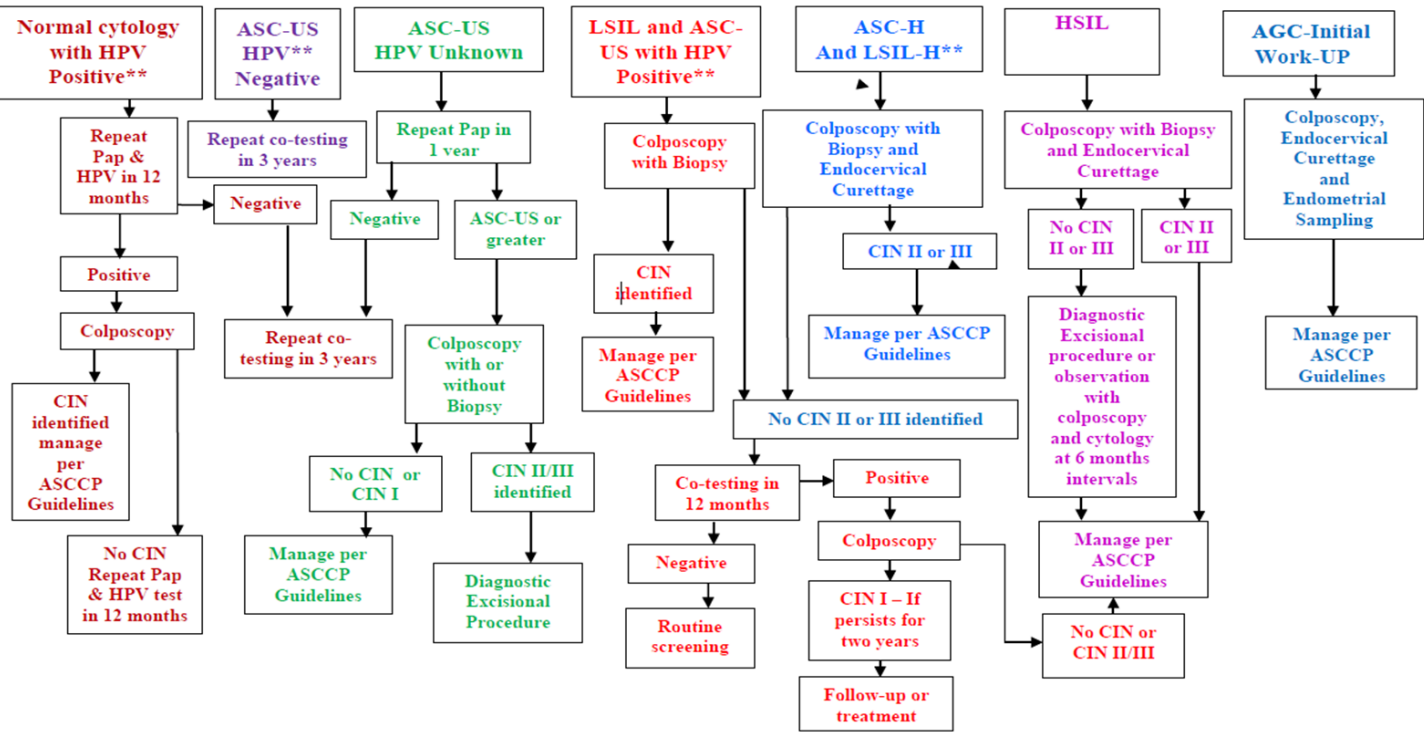
## Appendix B - WCCSP Algorithm for Screening Mammogram Results According to BI-RADS



References: Cancer Detection Section, California Department of Public Health. (2011) *Breast cancer diagnostic algorithms for primary care providers (4th ed.)*.

Appendices

Appendix A - WBCCSP Algorithm for Cervical Screening/Pap Abnormalities



ASC-US - Atypical Squamous Cells of Undetermined Significance  
LSIL - Low Grade Squamous Intraepithelial Lesion  
HSIL - High Grade Squamous Intraepithelial Lesion  
ASC-H - Atypical Squamous Cells-Cannot exclude High Grade SIL  
AGC - Atypical Glandular Cells of Undetermined Significance

CIN I - Mild Dysplasia  
CIN II - Moderate Dysplasia  
CIN III - Severe Dysplasia  
CIS - Carcinoma In-Situ  
HPV - Human Papillomavirus

Algorithm taken from the 2014 ASCCP Updated Consensus Guidelines for Management of Abnormal Cervical Cancer Screening and Cancer Precursors.

\*Pap screening for women age ≥ 21 only (no one under 21 can be screened through WBCCSP)  
\*\* HPV test should be performed only on women age ≥ 30

Note: LSIL-H is not a designated Bethesda Category but it may be indicated by a pathologist if HSIL cannot be completely ruled out.

Note: This algorithm is not for use when adolescents, pregnant women or special population/circumstances; refer to ASCCP Consensus Guidelines for these populations.

Program Overview

Congress established the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in 1991 by enacting the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354). This act authorized the Centers for Disease Control and Prevention (CDC) to partner with state health departments and territorial and tribal health agencies to provide breast and cervical cancer screening and diagnostic services for underserved, uninsured, and low-income clients. In addition, the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354) granted programs permission to provide breast and cervical cancer treatment services for eligible clients through their state Medicaid programs.

The Wyoming Department of Health’s Public Health Division receives funding from the CDC to implement the Wyoming Breast and Cervical Cancer Screening Program (WBCCSP), which is facilitated by the Wyoming Cancer Program (WCP). The program also receives state general funds and tobacco settlement funds. The WCP provides tracking, follow-up, and case management for all enrolled clients. Additionally, the WCP houses two other components, the Wyoming Colorectal Cancer Screening Program (WCCSP) and Wyoming Comprehensive Cancer Control Program (WCCCP).

Purpose of the Provider Manual

The purpose of this document is to provide guidance to participating healthcare providers regarding program policies and procedures. The WCP will send important programmatic or policy updates to the primary office contact, as needed. Additional information can be found in a copy of the signed provider agreement issued upon enrollment into the program. The most recent version of this manual is available on the website: [www.health.wyo.gov/cancer](http://www.health.wyo.gov/cancer).

Staff Directory

The WCP team is available to provide assistance from 8 a.m. to 5 p.m., Monday through Friday (excluding State-approved holidays). They can be reached by calling 1.800.264.1296, emailing at [wdh.cancerservices@wyo.gov](mailto:wdh.cancerservices@wyo.gov), or selecting a phone number from the following list:

| Team Member                                    | Phone                        |
|--|------------------------------|
| Administrative Assistant and General Questions | 307.777.3699                 |
| Educational Materials                          | 307.777.3480                 |
| Program Manager                                | 307.777.6006                 |
| Program Nurses                                 | 307.777.7461 or 307.777.6043 |



# Enrollment

## Provider Enrollment

Healthcare providers become a participating provider through an enrollment process. This process outlines special provisions in regards to the terms and conditions for participating providers, including payment for services.

All participating providers/facilities are **required** to be a Wyoming Medicaid provider and ensure that up-to-date practice credentials are always on file. The WCP also recommends that participating healthcare providers refer program-enrolled clients who are current smokers to the Wyoming Quit Tobacco Program (1.800.QUIT.NOW or [quitwyo.org](http://quitwyo.org)).

A current list of WBCCSP participating providers can be found on the website or requested by calling 1.800.264.1296.

## Client Eligibility

- Eligibility for the WBCCSP requires applicants to meet criteria in **each** of the categories listed below.
- **Citizenship:** Clients are not required to be U.S. citizens to enroll in and receive breast and cervical cancer screening and diagnostic services through the WBCCSP
  - **Gender:** Female; transgender woman who has taken or is currently taking hormone therapy; or transgender man who has not had a bilateral mastectomy and/or total hysterectomy
  - **Income:** Gross household income must be at or below 250% of the Federal Poverty Level
    - ♦ The most current income guidelines can be found on the program’s website
  - **Insurance:** Must be uninsured
    - ♦ Applicant must not currently have (a) health insurance, (b) Medicare Part B, or (c) Medicaid

## Breast Cancer Screenings Age/Symptoms:

- Ages 18-39 years: Symptomatic or asymptomatic and high-risk
  - ♦ Symptomatic refers to a result that is suspicious or positive for cancer through a breast screening or diagnostic test completed within the past three months. Examples may include a clinical breast exam (CBE), mammogram, ultrasound, or breast biopsy
  - ♦ High-risk refers to clients who: have a known genetic mutation such as a BRCA 1 or 2, first degree relatives with premenopausal breast cancer or known genetic mutations, a history of radiation treatment to the chest area before the age of 30, and a lifetime risk of 20% or more for development of breast cancer based on risk assessment models that are largely dependent on family history
- Ages 40-64 years
- Aged 65 years or older: Applicants without Medicare Part B are eligible for screening and diagnostic services through WCP



# HIPAA (45 CFR 164.506)

The Wyoming Department of Health is a covered entity. A covered entity may, without the individual’s authorization, use or disclose protected health information (PHI) for the purposes of treatment, payment, and healthcare operations activities. The Wyoming Department of Health (WDH) uses and discloses protected health information, as defined by the Health Insurance Portability and Accountability Act (HIPAA), in accordance with State and Federal law and the WDH Notice of Privacy Practices (NoPP). The WDH NoPP can be found on the Wyoming Department of Health's website at <http://www.health.wyo.gov> or a copy can be requested by calling 1.800.264.1296.

# Quality Management and Utilization Review

WCP policies are established in accordance with guidelines from the CDC concerning adequacy and timeliness of care. CDC’s evaluation of programs’ compliance with their performance criteria is based on the information provided in the clinical documentation from participating healthcare providers.

Repeated time intervals in excess of CDC’s guidelines negatively affect the program’s future CDC funding levels and thus the amount of money that is available for reimbursement for services. Therefore, cooperation in providing this information in a timely manner is important.

Healthcare provider vigilance in maintaining compliance is vital for the clients being served, as well as for the health of this program.



# Claims and Reimbursements

## Processed Claims

All billing claims associated with the WBCCSP must be submitted electronically to Medicaid utilizing either a clearinghouse or Medicaid web portal. The Wyoming Medicaid contractor processes all claims via the web portal. Billing, eligibility, and claim status can be verified by calling 1-800-251-1268 or by utilizing the provider web portal at <https://wymedicaid.portal.conduent.com/wy/general/home.do>. Participating providers should submit the claim within three months of the date of service. In order to receive reimbursement, the claims must be dated within 12 months of the date of service, and required reports must be attached to the claim. If the attachment is not received within 30 days of the electronic claim submission, the claim will be denied and it will be necessary to resubmit the claim with the proper attachment. Refer to the Medicaid Provider Manual for further details on submitting a claim with attachments.

The WCP is the payer of last resort. Most participating providers will receive payments through the same process as their Medicaid reimbursements. Checks are processed weekly in accordance with policies set by the State Auditor’s Office for providers not receiving payment through the electronic process.



## Denied Claims

Claims submitted after one year past the date of service will be denied for timely filing. An enrolled client cannot be held responsible for payment if a claim is denied due to the provider failing to submit the claim within one year.

Participating providers are prohibited from making any charges to an enrolled client, any member of the client’s family, or other sources of supplementation for those services covered by the WCP. The provider may bill clients enrolled in WBCCSP for any services not covered by the WCP.

# Reimbursement Documentation Requirements

Participating providers are required to submit copies of the office visit report, laboratory report, radiology report, and/or pathology report for WCP-enrolled clients. Provider reimbursement is contingent on submission of these reports. Clinical aggregate outcome data is collected by the WCP and is available upon request.

As part of the provider agreement, participating healthcare providers agree to provide the following:

- Report of the pelvic examination, Pap test, and CBE
- Laboratory report or radiology report
  - ♦ Timely submission of abnormal screening results expedites follow-up services needed
- When any breast and/or cervical cancer screening test yields a result that is suspicious for cancer, the time from screening to the final diagnosis must be no more than 60 days
  - ♦ If the healthcare provider is having difficulty locating the client or getting a timely response from the client, please contact the WCP for assistance.

# Enrollment continued

## Cervical Cancer Screenings Age/Symptoms:

- Ages 21-29 years: Symptomatic or asymptomatic and have not had a Pap test completed in three years
- Ages 30-64 years: Symptomatic or asymptomatic and have not had a Pap test completed in three years or have not had co-testing with a Pap test and the human papillomavirus test in five years
- Aged 65 years and older: Applicants without Medicare Part B are eligible for screening and diagnostic services through WCP

If a client does not meet the above criteria, but the healthcare provider considers the client to be at high risk for breast or cervical cancer due to other reasons, the healthcare provider must send documentation to the program indicating the reason(s) they believe an exception should be made. The program will review the request.

## Client Enrollment

To enroll, eligible applicants must complete the most recent version of the application and submit it to the program for review and approval. Electronic applications may be completed and submitted online at <https://health.wyo.gov/cancer>. Applicants can also find a printable version on the website and fax or mail it to the program. Printed copies can also be obtained by calling the program at 1.800.264.1296.

Documentation of abnormal breast or cervical screening or diagnostic test results must be submitted with the application form or forwarded to the program by the participating provider. Abnormal screening or diagnostic test results must not be over three months old. Failure to adhere will delay the application process.

All applicants will be notified of their application approval status. Approved applicants will receive an approval letter with a screening information packet and an enrollment card. **The program may reimburse for covered services provided up to the first day of the month preceding the application date.**



# Covered and Non-Covered Services

## Covered Services

**Current Procedural Terminology (CPT) Code Sets:** The WCP reimburses for a limited number of covered services. In order to ensure timely reimbursement, only submit claims with covered CPT codes. A list of reimbursable CPT codes, including allowable modifiers and the current rate of reimbursement, is updated annually and is available on the WCP website. Use the most recent CPT code list for reimbursement



# Covered and Non-Covered Services continued

Expenses are reimbursed by the WCP at the Medicare allowable rate, and include, but are not limited to:

- Mammograms
- Diagnostic mammograms
- Breast ultrasounds
- Breast biopsies
- Breast tomosynthesis
- Clinical breast exams
- Pap tests
- Colposcopies
- Repeat Pap tests, mammograms, breast ultrasounds, and clinical breast exams (CBE) that are approved for short-term follow-up at intervals less than one year
- Repeat Pap tests, when specimen adequacy is deemed “unsatisfactory”
- Follow-up surgical consultations after breast biopsy\*
- Follow-up consultations after a colposcopy, if treatment is needed\*
- HPV testing for clients 30 years of age and older
  - ♦ Following an ASCUS Pap result *or* if used as co-testing along with cytology every five years as an option for routine screening per U.S. Preventive Services Task Force guidelines

\*The WCP defines consultation as a service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another enrolled participating provider.

## Non-Covered Services

Services *not* covered by the WCP include, but are not limited to:

- Telephone consultations
- Second office visits, which are made to complete a pelvic examination, Pap test, or CBE (all of these procedures should be completed in one office visit)
- In-patient hospital services
- Excisions of benign breast cyst/lesions (must be suspicious for cancer)
- Evaluations of vaginal or vulvar lesions
- Removal of polyps
- Blood work
- Urine analysis
- Chest X-rays
- EKGs
- Pelvic ultrasounds
- Bone scans
- Colposcopies as part of a LEEP
- Repeat Pap tests performed simultaneously with colposcopy or colposcopy with biopsy (unless more than four months have passed since the initial Pap test was performed)
- Endometrial biopsies (reimbursement allowed only after an AGUS Pap result)
- Uterine biopsies
- D & C
- Nuclear studies
- Prescriptions
- Anything related to other cancers (including the uterus, vagina, vulva, ovaries, etc.)
- Treatment for breast, cervical, and pre-cervical cancer (see note below)



# Covered and Non-Covered Services continued

WCP can only pay for a vaginal smear if the applicant previously had a hysterectomy due to cervical cancer.

Refer to WCP’s Algorithm for Cervical Screening/Pap Abnormalities and the Algorithm for Screening Mammogram Results According to BIRADS for additional information regarding the standards of care for clients enrolled in this program (see Appendix A and B).

**Important Note:** Clients enrolled in the program will be issued a WCP enrollment card. Be sure to ask the client for the card prior to the procedure and make a copy of the card for office records. The program is not responsible for expenses accrued for missed appointments.

## Medicaid Cancer Treatment Benefits

### Enrolled Clients

Clients who are enrolled in the WBCCSP and receive diagnostic tests indicating they need breast or cervical cancer treatment will have their cases referred to the Division of Healthcare Financing (Medicaid) for determination of benefits. Full Medicaid coverage may be available for clients who qualify for and are enrolled in the WBCCSP.

The usual criterion for transition to Medicaid for treatment is a cervical biopsy result of CIN II, CIN III, CIS, AGC due to cervical reasons, or cervical cancer. Although the WCP does not reimburse for breast cancer, cervical cancer, or cervical pre-cancer treatment, program staff can aid in facilitation of enrolled clients’



applications to Medicaid for cancer treatment. Once no longer eligible for Medicaid, a woman may reapply to the program and be considered for re-enrollment.

### Non-Enrolled Clients

Clients who are not already enrolled in the WBCCSP might qualify for enrollment and be immediately transitioned to Medicaid for cancer treatment if they are under the age of 65, uninsured, low-income (<250% of the Federal Poverty Level), and have a pathology report positive for breast cancer, cervical cancer, or pre-cervical cancer.

## Communicating with WBCCSP Clients

The WCP recognizes that the primary channel of communication regarding healthcare issues is between the healthcare provider and the client. It is the responsibility of participating providers to conduct follow-up and notify enrolled clients of test results and the need for further evaluation due to suspicious or abnormal test results.

When referring WBCCSP clients, it is important to refer to other participating providers or participating laboratories for the services to be covered. The program website is a great resource to access the most current provider listing. Please contact the WCP with questions regarding a healthcare provider’s enrollment status.